

CAND Pay.gov Application for Refund (rev. 10/19)

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

**APPLICATION FOR REFUND (USDC-CAND PAY.GOV)**

PAY.GOV TRANSACTION DETAILS

**IMPORTANT:**

- Complete all required fields (shown in **red\***); otherwise, your request may be denied and require resubmission.
- In fields **3-6**, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

<b>1. Your Name:*</b>	<b>7. Your Phone Number:</b>
<b>2. Your Email Address: *</b>	<b>8. Full Case Number (if applicable):</b>
<b>3. Receipt Number:*</b>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>9. Fee Type:*</b></div> <div> <input type="checkbox"/> Attorney Admission  <input type="checkbox"/> Civil Case Filing  <input type="checkbox"/> FTR Audio Recording  <input type="checkbox"/> Notice of Appeal  <input type="checkbox"/> Pro Hac Vice  <input type="checkbox"/> Writ of Habeas Corpus </div> </div>
<b>4. Transaction Date:*</b>	
<b>5. Transaction Time:*</b>	
<b>6. Transaction Amount (Amount to be refunded):*</b>	
<b>10. Reason for Refund Request:*</b> Explain in detail what happened to cause duplicate charges or no fee required.	
<ul style="list-style-type: none"> <li>▪ For a duplicate charge, provide the <b>correct</b> receipt number in this field.</li> <li>▪ If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the <b>open</b> case).</li> </ul>	

✓ **Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: [cand.uscourts.gov/ecf/payments](https://cand.uscourts.gov/ecf/payments). For assistance, contact the ECF Help Desk at 1-866-638-7829 or [ecfhelpdesk@cand.uscourts.gov](mailto:ecfhelpdesk@cand.uscourts.gov) Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request: <div style="display: flex; flex-direction: column; margin-left: 20px;"> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Denied — Resubmit amended application (see reason for denial) </div>	
Approval/denial date:	Request approved/denied by:
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: 0971-
Date refund processed:	Refund processed by:
Reason for denial (if applicable):	
Referred for OSC date (if applicable):	